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BIBDATASHEET**CONFIRMATION NO. 9947**

Bib Data Sheet

SERIAL NUMBER 10/646,582	FILING DATE 08/22/2003 RULE	CLASS 473	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. 50903
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APPLICANTS

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** CONTINUING DATA *****

None (signature)

** FOREIGN APPLICATIONS *****

None (signature)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 11/14/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature (signature)	Initials (signature)	

ADDRESS

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TITLE

Method and apparatus for training athletes

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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